

# REFUND REQUISITION FORM

Complete this form, scan and mail to: [ir.accounts@srmuniv.ac.in](mailto:ir.accounts@srmuniv.ac.in)

**Applicant Details:**

Application Number	
Name of the Candidate /Student	
Course applied for	
Branch and specialization	
Country	

**Payment Details:**

Reason for cancellation of Admission	
Date of Payment	
Total Amount Paid	
Bank to which the amount is paid	

**Beneficiary Bank Details:**

NAME OF BENEFICIARY	
BENEFICIARY BANK ADDRESS	
BENEFICIARY ACCOUNT NO.	
BENEFICIARY ACCOUNT TYPE. (SB,FCNR,NRI & NRE)	
BENEFICIARY BANK	
BENEFICIARY BANK SWIFT CODE	
BANK IBAN NO.	

**Correspondent Bank Details: (If required)**

CORRESPONDENT BANK NAME (Give complete address along with Post Box No (if any).)	
SWIFT CODE	
FED ABA	
CHIPS ABA	

**Note:** Kindly go through the refund policy of SRMIST and place the request.

Signature :